

Receipt of Medical Waste at Solid Waste Facilities and Operations

FACT SHEET

For the following:

- ✓ **Solid Waste Landfills (Disposal Facilities)**
- ✓ **Construction and Demolition and Inert (CDI) Debris Transfer/Processing Facilities**
- ✓ **Transfer/Processing Facilities**
- ✓ **Transfer Operations**

The California Integrated Waste Management Board (CIWMB) provides this information as a tool for solid waste business and industry employees to use while conducting day-to-day operations. By using this fact sheet, the CIWMB hopes to increase the reader's understanding of the issues surrounding medical waste receipt at solid waste facilities and operations.

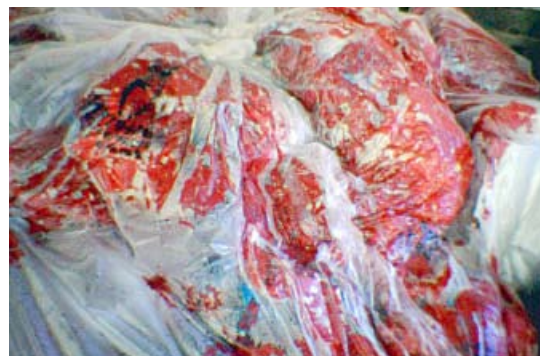


Title 27, California Code of Regulations (CCR), Section (§) 20880. Medical Waste

Medical waste, unless treated and deemed to be solid waste, which is regulated pursuant to the Medical Waste Management Act [Part 14 (commencing with Section 117600) of Division 104 of the Health and Safety Code], shall not be accepted for disposal at a site.

14 CCR §17408.2. Medical Waste

Medical waste, unless treated and deemed to be solid waste, which is regulated pursuant to the Medical Waste Management Act (commencing with section 117600 of the Health and Safety Code), shall not be accepted at an operation or facility, unless approved by the appropriate regulatory agency.



As indicated, 27 CCR §20880 applies to landfills and 14 CCR §17408.2 applies to CDI transfer/processing facilities, transfer operations, and transfer/processing facilities; and both prohibit medical waste which has not been treated to be received and/or disposed.

Although medical waste is always prohibited at sites, treated medical waste (considered a solid waste) is allowed on a case-by-case basis, depending on the permit, the local enforcement agency (LEA), the environmental review for the site, and whether the operator wants to take it.

In order to be considered solid waste, medical waste may be treated by incineration, steam sterilization (autoclave), extremely high temperatures (greater than 1,300 degrees Fahrenheit), or by other methods approved by the Department of Health Services (DHS). Indicators of treatment may be changes in color or substance of the container bag or changes in indicator tape placed on the bag. It will be helpful to know what method is used by the medical waste generators and/or hospitals in your area. Yet, it may still be impossible to determine if medical waste has been either treated and subsequently rendered solid waste, or treated properly, especially if the bags have broken open.

If there is a local medical waste enforcement agency (MWEA), as designated by DHS, it may implement the Medical Waste Management Act through its medical waste program; otherwise, the DHS will act as the enforcement agency. However, even if DHS is the enforcement agency for medical waste, the solid waste LEA should have some protocol for following when medical

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waste is found or suspected at a solid waste facility or operation.

DHS recommends the following steps for proper handling of medical waste at solid waste facilities and operations:

1. Attempt to identify the source of the medical waste.
2. If a generator can be identified, contact them to arrange for removal, treatment, and disposal, and report the incident to the local MWEA or DHS if there is no local MWEA.
3. If no generator can be identified, and after receiving direction from the MWEA or DHS, the medical waste should be covered. Do not remove and send the waste to another site.

See Health and Safety Code §117625–117780 (www.leginfo.ca.gov/) for applicable sections defining terms used in this fact sheet and acceptable treatment methods for medical waste.

Under existing law, certain items, such as household medical waste, are specifically excluded from the definition of medical waste, which means that this waste stream is classified as solid waste. Medical waste generated by home health care can include dressings and bandages, hypodermic needles, diapers, and medicines. Given the increasing effort to take patients out of the hospital and back into their homes as soon as possible, and the increase in home care for terminally ill patients, more wastes are being generated at home where there is no predisposal treatment available. Thus, there is a likelihood that a worker at a facility or operation may come into contact with biohazardous or sharps waste.

At present, patients are encouraged to double-bag dressings that may contain blood and body fluids and to place hypodermics in rigid containers such as coffee cans or plastic bottles with caps and place the containers in with the household garbage. On September 1, 2008, home generated sharps cannot enter the solid waste stream and will need to be managed separately. On or after September 1, 2008, home-generated sharps waste will have to be managed at either a household hazardous waste facility or at a “home-generated sharps consolidation point.”



For further guidance on this issue, please contact your LEA. If you are not sure who your LEA is, please visit our LEA Directory web page at www.ciwmb.ca.gov/LEACentral/LEADirectory/. You can also contact the California Integrated Waste Management Board's Waste Compliance and Mitigation Program for additional information at (916) 341-6360. For more information on medical waste management please visit the DHS Medical Waste Management Program web page at www.dhs.ca.gov/ps/ddwem/environmental/med_waste/default.htm.

Related Statutes and Regulations

- Health and Safety Code §117625–117780
- Medical Waste Management Act [Part 14 (commencing with §117600) of Division 104 of the Health and Safety Code]

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